Nasogastric Feeding Tube Care Plan Acute Paediatrics

NHS Greater Glasgow and Clyde

Nasogastric tube placement bedside checklist

This bedside checklist should be completed for all patients requiring nasogastric tube placement, on insertion and on all subsequent insertions, before administration of artificial nutrition/hydration or medication via the nasogastric tube.

Patient Name:

NHS Number / Hospital Number:

DOB:

Ward:

Nasogastric tube insertion / reinsertion / X-ray confirmation of position

Consent Obtained	**Date & time of** • insertion • reinsertion • X-ray confirmation of position, if required	**Tube make/ Size** Short term / long term French (fr) and length (cm)	**Batch No. NG Tube**	**NEX** measurement	**External cm marking at the nostril**	**Nostril used** on insertion / reinsertion L / R	**Secured with** Hypafix Hydrocolloid Tegaderm other	**Aspirate obtained** Y/N	**Ph of aspirate** (if obtained)	**X-ray required** Y/N	**Inserted by:**	**Date & time of X-ray** interpretation	**X - ray interpreted by /** Designation:	**Date tube due changed**
Yes☐ No☐														
Yes☐ No☐														
Yes☐ No☐														
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